



EDITORIAL

How are we doing as a journal? A request for feedback

John D. McLennan, Editor-in-Chief

The Journal of the Canadian Academy of Child & Adolescent Psychiatry (JCACAP) is starting into its 33rd volume and has been in publication for over 20 years. Over this time there have been many changes in the mental health field, in the organization of our subspecialty, and in journal publishing. Against this backdrop of change, it is important to ask “*Is JCACAP keeping up with change, and maintaining relevance and usefulness to child and adolescent psychiatrists, and the wider readership?*”

JCACAP currently provides a vehicle for online open access publication of research and a wider range of articles and columns in the broad field of child and adolescent mental health (with some extension into young adulthood). This vehicle is provided free-of-charge to prospective authors, that is, there are no publication charges which are an increasingly common income generating strategy for both legitimate and predatory journals. The free-of-charge offering is possible given that the cost of production is covered by the Canadian Academy of Child & Adolescent Psychiatry (CACAP).

As CACAP members are both funders and consumers of the Journal, their input on the direction of JCACAP is sought and valued. Such a solicitation is not to imply an abdication of the Journal’s leadership or its editorial independence, but instead an opportunity to prompt reflection and improve value to readers and the wider child and adolescent mental health community. Input beyond the CACAP membership is also welcomed, as it is hoped that the Journal is making meaningful contributions to the discourse on child and youth mental health more broadly in Canada and beyond.

How best to elicit feedback is not obvious. A member survey is often a first thought, however, the response rates for such surveys can be quite low leading to questions about their ability to adequately reflect perspectives of the membership. A forum at the CACAP conference is being considered (as a reminder the conference will be in Winnipeg this year, Sept 21-24, 2024). Formal “*Letters to the Editor*” could be a mechanism. Whereas this is typically a column

dedicated to comments on recently published articles, we would entertain letters that more broadly comment on the Journal itself. Additionally, comments not meant for publication could be sent directly to the CACAP or members of the editorial team.

Critical feedback on recently developed columns, that aim to broaden JCACAP content beyond the publication of traditional peer-reviewed research manuscripts, is a recommended priority for member feedback. We have been experimenting with several types of special columns. This includes our interview column called “*Apercevoir: the people of child and adolescent psychiatry*”, managed by our Humanities Editor, Dr. Lind Grant-Oyeye. See Lind’s interview with Dr. Tolulope Alugo in this issue. Another regular column is “*Recommended Academic Reading*” (RAR). In this issue, one of our Research Editors, Dr. Brendan Andrade, has pulled together recommended articles suggested by various experts on the domain of psychosocial interventions in child mental health. “*Community, Perspectives and Recommendations*” (CoPaR) is a broadening of our previous column, “*Arts, Literature, and Nature*” (ALAN). We are still exploring how we can better elicit contributions from members and the broader community for this column. See two interesting contributions in this column in this issue. Our newest pilot column is “*Advocacy*”. As you may have seen in recent issues, the initial focus has been about the “*Best Interest of the Child*” as it relates to family separation in Canada. In our next issue, we are stepping back to reflect more critically on what makes sense for an advocacy column in an academic journal. Finally, our Clinical Editor, Dr. Peter Braunberger, is championing an expansion of our Clinical Rounds section to incorporate more clinically relevant pieces, carefully considering the state of supporting evidence. See in this issue a description of the inpatient treatment of a child with Avoidant/Restrictive Food Intake Disorder as the clinical team modified their clinical protocol with the aim of better meeting the patient’s needs.

We await your feedback.